



APPLICATION FOR COURSE CERTIFICATION

State Form 48106 (11-96)

Public Safety Training Institute
Fire and Hazardous Materials Academies
302 W. Washington St., Rm. E239
Indianapolis, IN 46204



This State agency is requesting disclosure of your Social Security number per IC 4-1-8-1 so that it may perform its statutory duties. Disclosure is voluntary and you will not be penalized for not disclosing it.

Name of course			
Course number		Date received (month, day, year)	
LEAD INSTRUCTORS INFORMATION (Please Print or Type)		COURSE LOCATION INFORMATION (Please Print or Type)	
Name of instructor		Course location	
Address		Address	
City	ZIP code	City	ZIP code
County of residence		If the course practical will be conducted at a different location, please provide that location here.	
Home telephone number (with area code) ()		Telephone number at class location (with area code) ()	
Work telephone number (with area code) ()			
Social Security number			
Instructor's certification number		Signature of lead instructor	

PRACTICAL SKILLS EVALUATOR INFORMATION (Please Print or Type)

LEAD EVALUATOR		EVALUATOR INFORMATION	
Name of lead evaluator		Name of evaluator	
Address		Evaluator certification number	
City	ZIP code	Name of evaluator	
County of residence		Evaluator certification number	
Home telephone number (with area code) ()	Work telephone number (with area code) ()	Name of evaluator	
Lead instructor's certification number		Evaluator certification number	

If more than three (3) evaluators are to be used please use the back of this form.

Date Class Starts _____ Number of Students _____

ADDITIONAL EVALUATOR INFORMATION
(Please Print or Type)

Name of evaluator

Evaluator certification number

Name of evaluator

Evaluator certification number

Name of evaluator

Evaluator certification number

Name of evaluator

Evaluator certification number

Name of evaluator

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